



State of Arizona
Department of Education

Electronic & Scanable Household Application Checklist

Sponsor Name: _____ CTD# _____

Submitted by: _____ Date: _____

This checklist must be submitted annually (**before** your online Site and Sponsor Applications will be approved in CNP Web) to your ADE school health and nutrition program specialist. Please retain a copy for your records. It is the sponsor's responsibility to ensure that procedures comply with local, state, and federal regulations.

	YES	NO
1. Do you have written internal procedures for processing electronic and scanable household applications including back-up procedures, periodic review/evaluations/updates, and record retention and storage details including how information will be made accessible to reviewers and auditors? A copy of your written internal procedures must be submitted with this checklist.		
2. Are households able to submit a paper household application in lieu of an electronic application? (question not applicable for scanable applications)		
3. Has the process been reviewed to ensure that it accommodates any new School Nutrition Program requirements?		
4. Do your electronic records contain, at a minimum: <ul style="list-style-type: none">• Date and time of transaction,• Identity and location of each person who transmitted information• Confirmation from the system that the transaction was received• Complete contents of the transaction		
5. Is your system reliable so that the documents are always preserved in a useable format?		
6. Does your household application include all the information found on the household application provided by ADE? (information may be added but nothing can be deleted)		
7. Will you be able to recover the data once the software is outdated or if you discontinue use of the software?		
8. Do you have the capability to pull applications by specific site?		
9. Have you confirmed that all reports required for a CRE review are available to you?		

ADE OFFICE USE ONLY

Received and reviewed by: _____ Date Received: _____

Program Year: _____ Approval Date: _____